

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

Establishm	ent Name			Tolon No.			e _i
Ner Albain Bank Street Brundouse / Taco Steve Establishment Address (number and street, city, state, zip code)				Telephone Number	Date of Inspection (mm/dd/yr)		
Establishm	ient Addre	ss (ni	imber and street, city, state, zip code)	4	1/00/00/00		18-173
				(50Z) (544-1665	'/-'/	7.4	
Owner			Now Alberg. W 47157	Purpose:	Follow-u	n Releas	se Date
Am B	aylor +	K.	te Levison	1. Routine	1 1		
Owner's A	ddress			2. Follow-up	No /0 day5 Summary of Violations:		
Ĺ			•	3. Complaint	1		
Person in C	Charge			<u> </u>	$C \bigcirc NC \bigcirc Z $ R Z		
Brut (که میمان	\angle	Nikki Welch	4. Pre-Operational	CO NC R		
Responsibl	e Person	E-ma	il	5. Temporary	Monu Type (See back of page)		
				6. HACCP			_
Certified F	ood Handl	er		7. Other (list)	1_2_3\(\int 4 \) 5		
Steph	n Your	II I	(7/15/22)				
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative				rrected By
295	NC	R	Observed Ken Hard: has south	1 0 440 1 1 1			
			Observed key lines in box north on moldy near connector fittings Observed interior of box ice bin to	2001V1 CG0 K13 7	o me	۲۱هي	26763
707		5	GI LINE CONNECT THINGS	1 1 1	11 4		
297	NC	K	Observed interior of box ice bin to	have hord rule b	-ill-p	Corre	nched _
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Received by (name and title printed): Inspected by (name and title printed):							
Nikki Wolch A.) Ingram (FHS)							
Received by (signature): Inspected by (signature):							
			× /1/1/4	,	<i>[</i> -	` *	
ec:			Cc:		cc:	/	
		1	n _i		-V. 1	-	